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				rson J. Lucas	(Depositor's name)	
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APPLICATION NO.	FILING DATE	FIRST NAM	Sep Sep Sep	ATTORNEY DOCK	(Date) KET NO. CONFIRMATION NO.	
10/771,257	02/03/2004		no Cattaneo		BAY2 00000160 04110519 10771257	
TITLE OF INVENTION: INTRACELLULAR ANTIBODIES				01 FC:2501 02 FC:1504 03 FC:4001	755.00 DA 300.00 DA 6.00 DA	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEI			
Non-Provisional	yes	\$755.00	\$300.00	\$1,055.00	09/14/2009	
I I			CLASS-SUBCLASS	5		
J. M. Sims 1631 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list						
Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. (1) the names of attorneys or agents O (2) the name of a sing a registered attorney up to 2 registered pat name is listed, no nar				stered patent 1 Ed g as a member 2 Ka the names of r agents. If no 3 An	wards Angell Palmer & Dodge LLP thleen Williams ny DeCloux	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MRC						
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Authorized Signatur	e Rusk	en U	Hum	Date	September 11, 2009	
Typed or printed name Kathleen Williams				Registration 1	No. 34,380	